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**October 7, 2005**

<b>To:</b> Assistant Commissioner for Patents	<b>From:</b> Estella Pineiro Patent Administrator 818-493-2251
<b>Attention:</b>  <b>TECHNOLOGY CENTER 3700</b>  <b>Examiner:</b> Unassigned <b>Art Unit:</b> 3762	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier:</b> 571-273-8300	<b>Telecopier:</b> 818/362-4795
<b>RE: REQUEST FOR RECONSIDERATION</b>  App. No.: 10/039,743 Filed: 10/26/2001 Docket No.: SJ1-026US  <b>Confirmation No.:</b> 9121	Number of pages being sent: <u>4</u> (including cover page)

OCT 07 2005

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant:** Balakrishnan Shankar et al.      **Confirmation No.:** 9121  
**Serial No.:** 10/039,743      **Examiner:** F. Oropeza  
**Filed:** 10/26/2001      **Art Unit:** 3762  
**Docket No.:** SJ1-026US  
**For:** IMPLANTABLE CARDIAC THERAPY DEVICE WITH  
DUAL CHAMBER CAN TO ISOLATE HIGH-FREQUENCY CIRCUITRY

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

Request for Reconsideration  
 Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES					
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE
A	TOTAL CLAIMS FEE	6	23	0	X \$ 50 \$ 0
B	INDEPENDENT CLAIMS FEE**	1	4	0	X \$200 0
C	MULTIPLE- DEPENDENT				X \$ 360 0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160				0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.)  Specify:				
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)				\$0**



Charge Deposit Account No. 16-0068  
the amount of

\$0\*\*

A copy of this letter is  
enclosed.

**PATENT**

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

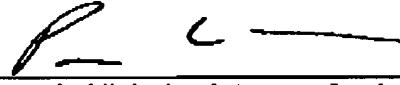
Any patent application processing fees under 37 CFR 1.17.

Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

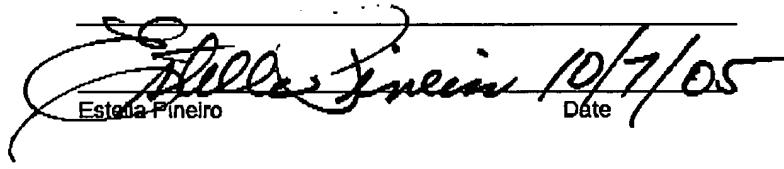
10-7-05

  
Peter A. Nichols, Attorney for Applicants  
Reg. No. 47,822  
818-493-2323

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

October 7, 2005

  
Estella Pinelro

Date

CENTRAL FAX CENTER

OCT 07 2005

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE


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<b>Applicant:</b>	Balakrishnan Shankar et al.	<b>Confirmation No.:</b>	9121
<b>Serial No.:</b>	10/039,743	<b>Examiner:</b>	F. Oropeza
<b>Filed:</b>	10/26/2001	<b>Art Unit:</b>	3762
<b>Docket No.:</b>	SJ1-026US		
<b>For:</b>	IMPLANTABLE CARDIAC THERAPY DEVICE WITH DUAL CHAMBER CAN TO ISOLATE HIGH-FREQUENCY CIRCUITRY		

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REQUEST FOR RECONSIDERATION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

*October 7, 2005*  
*Estella Pineiro 10/7/05*  
 Date

Dear Sir:

In the Office Action, mailed September 14, 2005, the Examiner has identified four distinct inventions, and has required election of one of those inventions. Applicants hereby elect the invention of Group I, corresponding to Claims 2, 3, 5-7 and 9. This election is made without traverse.

Respectfully submitted,

*10-7-05*

\_\_\_\_\_  
Date

*P.A.N.*  
 Peter A. Nichols, Reg. No. 47,822  
 Attorney for Applicant(s)  
 818/493-2200

**CUSTOMER NUMBER: 36802**